

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 8/15/05	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: University of Southern California		Organizational Unit: Department: Preventive Medicine	
Organizational DUNS: 072933393		Division: Environmental Health	
Address: Street: 2250 Alcazar Street, CSC 219		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Los Angeles		Prefix: Ms.	First Name: Sarah
County: Los Angeles		Middle Name J.	
State: CA		Last Name Cusimano	
Zip Code 90033	Suffix:		
Country: USA		Email: cusimano@usc.edu	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-1642394

8. TYPE OF APPLICATION:

☐ New ☒ Continuation ☐ Revision
If Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)

Other (specify)

7. TYPE OF APPLICANT: (See back of form for Application Types)

J. Private University

Other (specify)

9. NAME OF FEDERAL AGENCY:

Environmental Protection Agency

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE (Name of Program):

□□-□□□

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Children's Environmental Health Center

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

California

13. PROPOSED PROJECT

Start Date:
11/1/2005

Ending Date:
10/31/06

15. ESTIMATED FUNDING:

a. Federal	\$	1,551,181
b. Applicant	\$	
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	1,551,181

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant
34

b. Project
34

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. Yes. ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON

DATE:

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372

☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes" attach an explanation.

☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Sarah	Middle Name J.
Last Name Cusimano		Suffix
b. Title Associate Director		c. Telephone Number (give area code) (323) 442-2396
d. Signature (b) (6)		e. Date Signed 8/25/05

Previous Ed
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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

Project 2 - Subcontract to UCLA

Principal Investigator/Program Director (Last, First, Middle): Gilliland, Frank D.

DETAILED BUDGET FOR NEXT BUDGET PERIOD - DIRECT COSTS ONLY		FROM 11/01/05	THROUGH 10/31/06	GRANT NUMBER 5 P01 ES009581-08	
PERSONNEL (Applicant organization only)		TYPE APPT. (months)	% EFFORT ON PROJ.	DOLLAR AMOUNT REQUESTED (omit cents)	
NAME	ROLE ON PROJECT			SALARY REQUESTED	FRINGE BENEFITS
Diaz-Sanchez, David	Principal Investigator	12	30.0	(b) (6)	
Wang, Junxiang	PGR	12	100.0		
Casillas, Adrian	Co-Investigator	12	10.0		
SUBTOTALS				87,664	17,232
CONSULTANT COSTS					
Statistical consultation from the Biostat Service Core of the SCEHSC					2,864
EQUIPMENT (Itemize)					
SUPPLIES (Itemize by category)					
Plasticware, tubes, disposable pipettes, etc.					
Immunoassay materials					
Molecular assay materials					
Immunohistochemical reagents					
Cell culture reagents					17,989
TRAVEL					
Attend annual meeting					1,273
PATIENT CARE COSTS		INPATIENT			
		OUTPATIENT			
ALTERATIONS AND RENOVATIONS (Itemize by category)					
OTHER EXPENSES (Itemize by category)					
SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD				\$	127,022
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS			54,855
		FACILITIES AND ADMINISTRATIVE COSTS			6,966
TOTAL DIRECT COSTS FOR NEXT PROJECT PERIOD (Item 8a, Face Page)				\$	188,843

Project 2 - Subcontract to UCLA

Principal Investigator/Program Director (Last, First, Middle): Gilliland, Frank D.

BUDGET JUSTIFICATION

GRANT NUMBER
5 P01 ES009581-08

Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary.

N/A

CURRENT BUDGET PERIOD

FROM
11/01/04

THROUGH
10/31/05

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

We expect a possible carryforward in excess of 25% of the total budget, due to a 10-month delay in the year two funding of the project.

Department of Health and Human Services
Public Health Services

Review Group	Type	Activity	Grant Number
	5	P01	ES009581-08

Grant Progress Report

Total Project Period

From: 05/07/04 Through: 10/31/08

Requested Budget Period

From: 11/01/05 Through: 10/31/06

1. TITLE OF PROJECT Children's Environmental Health Center		3. APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) Regents of the University of California UCLA Office of Contract and Grant Administration 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024-1406	
2a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Name and address, street, city, state, zip code) Dr. David Diaz-Sanchez, Ph.D University of California, Los Angeles Dept. of Medicine/CIA Box 951680, 52-175 CHS Los Angeles, CA 90092-1680		4. ENTITY IDENTIFICATION NUMBER 1956006143A1	
2b. E-MAIL ADDRESS ddiazsa@mednet.ucla.edu		5. TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Connie Whitley UCLA Office of Contract and Grant Administration 10920 Wilshire Blvd., Suite 1200 Los Angeles, CA 90024-1406 E-MAIL: cwhitley@resadmin.ucla.edu	
2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT Department of Medicine/ CIA			
2d. MAJOR SUBDIVISION School of Medicine			
6. HUMAN SUBJECTS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 6a. Research Exempt <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 6b. Human Subjects Assurance No. FWA00004642 6c. NIH-Defined Phase III Clinical Trial <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If Not Exempt ("No" in 6a): IRB approval date 5/23/05 <input checked="" type="checkbox"/> Full IRB or <input type="checkbox"/> Expedited Review		7. VERTEBRATE ANIMALS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 7a. If "Yes," IACUC approval Date 02/28/05 7b. Animal Welfare Assurance No. A3196-01	
8. COSTS REQUESTED FOR NEXT BUDGET PERIOD 8a. DIRECT \$188,843 8b. TOTAL \$258,070		9. INVENTIONS AND PATENTS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," <input type="checkbox"/> Previously Reported <input type="checkbox"/> Not Previously Reported	
10. PERFORMANCE SITE(S) (Organizations and addresses) University of California, Los Angeles Center for Health Sciences Jonsson Cancer Center Los Angeles, CA Los Amigos Research & Education Institute Rancho Los Amigos Medical Center Downey, CA		11a. PRINCIPAL INVESTIGATOR OR PROGRAM DIRECTOR (Item 2a) TEL 310-825-9261 FAX 310-206-8107 11b. ADMINISTRATIVE OFFICIAL NAME (Item 5) Connie Whitley TEL 310-794-0318 FAX 310-943-1657 11c. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (Item 14) NAME Connie Whitley TITLE Contract & Grant Officer TEL 310-794-0318 FAX 310-943-1657 E-MAIL cwhitley@resadmin.ucla.edu	

12. Corrections to Page 1 Face Page

13. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.	SIGNATURE OF PI/PD NAMED IN 2a. (In ink. "Per" signature not acceptable.) (b) (6)	DATE 7/29/05
14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.	SIGNATURE OF OFFICIAL NAMED IN 11c. (In ink. "Per" signature not acceptable.) (b) (6)	DATE 7/27/05

Project 2 - Subcontract to UCLA

Principal Investigator/Program Director (Last, first, middle):

Gilliland, Frank D.

GRANT NUMBER

5 P01 ES009581-08

CHECKLIST

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III of the PHS 398. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

• Human Subjects Research • Research Using Human Embryonic Stem Cells • Research on Transplantation of Human Fetal Tissue • Women and Minority Inclusion Policy • Inclusion of Children Policy • Vertebrate Animals

• Debarment and Suspension • Drug- Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only); • Lobbying • Non-Delinquency on Federal Debt • Research Misconduct • Civil Rights (Form HHS 441 or HHS 690); • Handicapped Individuals (Form HHS 641 or HHS 690) • Sex Discrimination (Form HHS 639-A or HHS 690) • Age Discrimination (Form HHS 680 or HHS 690); • Recombinant DNA Research, Including Human Gene Transfer Research • Financial Conflict of Interest (except Phase I SBIR/STTR) • Prohibited Research • Select Agents and Toxins • STTR ONLY: Certification of Research Institution Participation.

3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will **not** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

☒ DHHS Agreement dated: 05/14/03

☐ No Facilities and Administrative Costs Requested.

☐ No DHHS Agreement, but rate established with

Date

CALCULATION*

Entire proposed budget period: Amount of base \$ 188,843 x Rate applied 54.50 % = F&A costs \$ 69227

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

☐ Salary and wages base

☒ Modified total direct cost base

☐ Other base (Explain)

☐ Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):